

Kansas Metrology Laboratory

Submission Form

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Email: metrology@kda.ks.gov

| | | | | |
|--------------------------------------------------|--------------------------------------|--------------|-------------------------------------------------------------|--|
| Purchase Order Number: | | Date: | | |
| Technical Contact: | | | | |
| Billing Contact: | | | | |
| Ship to: | | | | |
| | Company / Attn: | | | |
| | Street: | | | |
| | City/State/Zip Code: | | | |
| | 3rd Party Billing Account #: | # | <input type="checkbox"/> FedEx <input type="checkbox"/> UPS | |
| | (Or include a return shipping label) | | | |
| Bill to: | | | | |
| | Company / Attn: | | | |
| | Street: | | | |
| | City/State/Zip Code: | | | |
| End User: (Weight owner) | | | | |
| | Company: | | | |
| | Street: | | | |
| | City/State/Zip Code: | | | |
| Name as to appear on Certificate: | | | | |
| | Company: | | | |
| | Street: | | | |
| | City/State/Zip Code: | | | |
| Optional 2nd Name on Certificate: | | | | |
| | Company: | | | |
| | Street: | | | |
| | City/State/Zip Code: | | | |